

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE)
(Other Instruct. on re-
Ged. 1004-0135

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

ekf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR HNG OIL COMPANY		3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 1980' FSL & 760' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM 59386		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Owen Mesa 25 Fed. Com.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Owen Mesa /Morrow/		11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA Sec. 25, T24S, R29E		12. COUNTY OR PARISH Eddy		13. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3080.0' GR																							

RECEIVED BY
APR 7 1986
O. C. D.
ARTESIA OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Casing test & cement job	<input checked="" type="checkbox"/>		
(Other)	<input type="checkbox"/>			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

18. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

3-23-86
13-3/8" 54.50# J-55 ST&C set at 665 feet. Cemented with 425 sacks HLC + 1/4#/sx. Flocele + 2% CaCl; 1.97 CuFt/sx.; 12.4 ppg. and 200 sacks of Halliburton Class "C" + 1/4#/sx. Flocele + 2% CaCl; 1.32 CuFt/Sx.; 14.7 ppg. Circulated to surface. 30 minutes pressure tested to 1000 psi. WOC - 18 hours.

ACCEPTED FOR RECORD

Swd
APR 2 1986

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED *Betty Gildon*
Betty Gildon

TITLE Regulatory Analyst

DATE 3/31/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side